		ffective	October 1, 2	003		19	3-E	84	190	<b>ツ</b> /	
,	CLAIM		LED - PART Column 1)	(Column 2)	SMAL	L EN			OTHE	R THA	
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FOR		N	UMBER FILED .	NUMBER EVER	}	1 1		-{ }-	RATE F		
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If the differer	nce in column	1 is less tl	nan zero, enter	"0" in column 2	<u> </u>	_			+290=	<b> </b> -	
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ie "Highest Numb	er Previously Paid er Previously Paid	I For" IN TH 1 For" IN TH	IIS SPACE is less to	han 20, enter "20."	total Addit. Fee		OR	ADDIT, F	TAL EE		
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